



### **A LONGER NIGHT'S SLEEP** **Patients fell asleep rapidly,** **slept longer**

Dalmane (flurazepam HCl/Roche) induced sleep within 17 minutes, on average, in 32 insomniac subjects during short-term evaluation in the sleep laboratory. The subjects averaged 7 to 8 hours of sleep.<sup>1</sup> Moreover, the sleep latency (time required to fall asleep) of 5 insomniacs receiving Dalmane for a longer period of time averaged only 17.7 minutes throughout 28 consecutive nights of administration, with an average of 7.1 hours of sleep.<sup>2</sup>

### **EFFICACY FOR A GREATER** **NUMBER OF NIGHTS** **Patients obtained relief for at least** **28 consecutive nights**

Dalmane (flurazepam HCl/Roche) is the only sleep medication objectively tested and proved effective for a 4-week period.<sup>2,3</sup> Because insomnia is usually transient, the prolonged administration of any sleep medication is seldom necessary. Should Dalmane be used for a prolonged period, the appropriate patient evaluations such as periodic blood counts and liver and kidney function tests should be performed.

# *Oregon Medical Association*

*invites you to its*

## *106th Annual Scientific Session*

**October 30-31, 1980 • Portland Hilton Hotel**

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*General Sessions, Thursday and Friday*

### **SOMMER MEMORIAL LECTURERS**

**FELIX A. CONTE, MD**

*Associate Professor of Pediatrics  
University of California  
San Francisco*

**RECENT ADVANCES IN THE DIAGNOSIS,  
CLASSIFICATION AND TREATMENT OF  
ABNORMALITIES OF SEXUAL  
DIFFERENTIATION**

**PUBERTY AND ITS ABNORMALITIES**

**THE SYNDROME OF GONADAL  
DYSGENESIS AND ITS VARIANTS**

**JOHN H. LARAGH, MD**

*Director, Hypertension and Cardiovascular Center  
Chief, Division of Cardiology, Department of Medicine  
The New York Hospital-Cornell Medical Center  
New York City*

**THE RENIN FOR UNDERSTANDING  
ESSENTIAL HYPERTENSION**

**THE DIAGNOSIS AND TREATMENT OF  
RENOVASCULAR HYPERTENSION**

**THE PATHOPHYSIOLOGY AND  
MANAGEMENT OF CONGESTIVE  
HEART FAILURE**

**ALEXANDER JEFFREY WALT, MD**

*Chief of Surgery  
Detroit General Hospital and Harper-Grace Hospitals  
Detroit  
Professor and Chairman, Department of Surgery  
Wayne State University School of Medicine*

**CAVEATS IN THE MANAGEMENT OF  
BLUNT ABDOMINAL TRAUMA**

**BIOLOGICAL CONSIDERATIONS OF  
CARCINOMA OF THE THYROID**

**UPPER GASTROINTESTINAL BLEEDING:  
1980 CONSIDERATIONS**

*General Session, Friday Afternoon*

**SELECTED TOPICS IN NEUROLOGY**

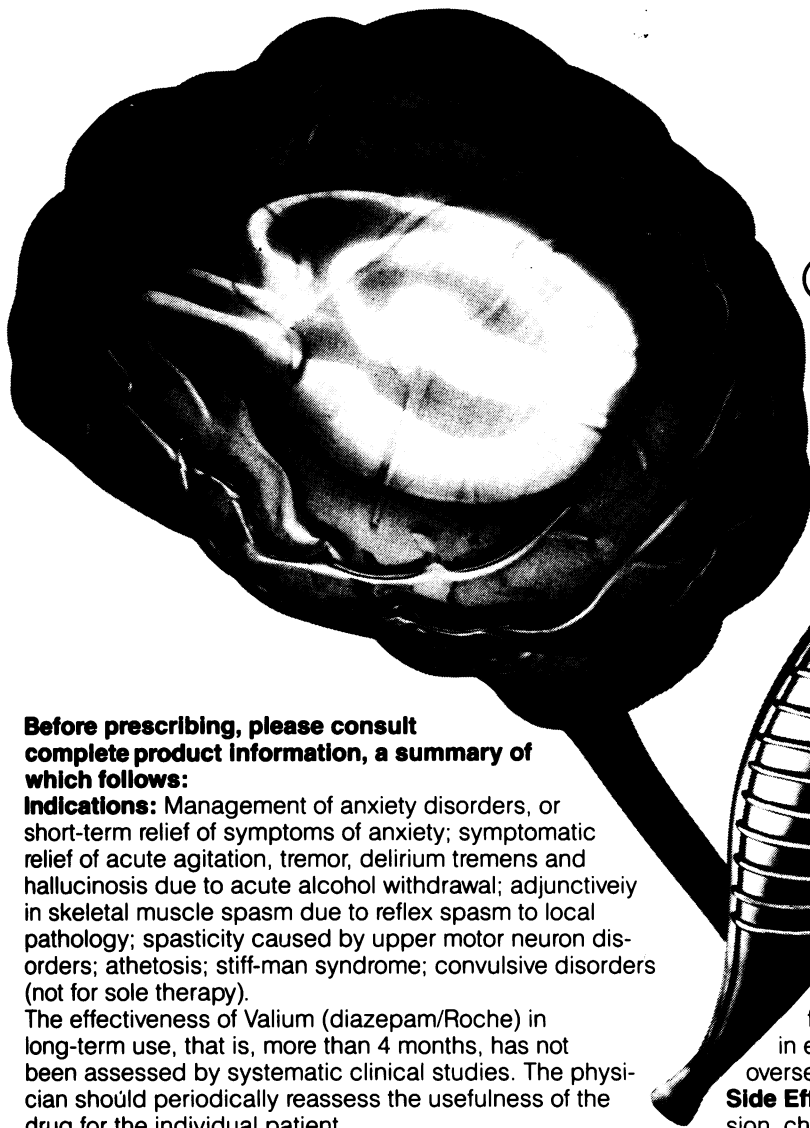
### **SPECIALTY SECTION PROGRAMS**

**Family Practice • Radiology • Urology**



*For program, reservations and information contact:*

**OREGON MEDICAL ASSOCIATION  
5210 S.W. CORBETT AVENUE  
PORTLAND, OREGON 97201  
TELEPHONE: (503) 226-1555**



Only Valium® (diazepam/Roche)  
is indicated in anxiety  
disorders and as  
an adjunct  
in the relief  
of skeletal  
muscle spasm

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Management of anxiety disorders, or short-term relief of symptoms of anxiety; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

The effectiveness of Valium (diazepam/Roche) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

**Dosage:** Individualize for maximum beneficial effect.

**Adults:** Anxiety disorders, symptoms of anxiety, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. **Geriatric or debilitated patients:** 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) **Children:** 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

**Supplied:** Valium® (diazepam/Roche) Tablets, 2 mg, 5 mg and 10 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available in trays of 10.



Roche Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

Only Valium® (diazepam/Roche)  
has these two distinct effects

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# Valium®

diazepam/Roche

Indicated in anxiety disorders  
and as an adjunct in the relief  
of skeletal muscle spasm

Please see summary  
of product information  
on preceding page.

